

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

#2 changed from Mary per child b.c. #60-26802 + aff. + registrant.
9-27-73 LS

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Pima
District of Healy
Town of CERTIFICATE AMENDED
or SEE NOTATION
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 151
County Registrar No. _____
Local Registrar No. _____

2. Full name of child Marjorie Astor Cook
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female To be answered ONLY in event of plural births.
4. Twin, triplet or other _____
5. No., in order of birth _____
6. Legitimate? yes
7. Date of birth 9 23 25
Month Day Year

8. FATHER
Full name John Astor Cook
9. Residence (Usual place of abode) Healy Ariz
If non-resident, give place and state.
10. Color or race 1/4 Indian
11. Age at last birthday 37 (Years)
12. Birthplace (city or place) San Carlos Ariz
(State or country)
13. Occupation Common Laborer
Nature of Industry

14. MOTHER
Full maiden name Mary Lucada
15. Residence (Usual place of abode) Healy Ariz
If non-resident, give place and state.
16. Color or race 1/4 Indian
17. Age at last birthday 19 (Years)
18. Birthplace (city or place) Fort McDowell Ariz
(State or country)
19. Occupation Housewife
Nature of Industry

20. Number of children of this mother (a) Born alive and now living 1
(b) Born alive but now dead 0
(c) Stillborn 0
(Taken as of time of birth of child herein certified and including this child.)
21. Were precautions taken against ophthalmia neonatorum? No.

Refused CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of this child, who was Born Alive at 7 P. m. on the date above stated
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature [Signature]
(Physician or midwife).

Address San Carlos Ariz

Given name added from a supplemental report _____
Filed Jan. 13 19 26 [Signature]
Local Registrar.

Month, day, year
432 923 481
Registrar
County Registrar.